



Policy Number GME-8242-019
Date of Last Review Month Year: 7/12/2018
Date of Last Revision Month Year: 6/21/2023
Policy Owner(s) Department GME

Institutional Requirement IV.J

2022 Accreditation Council for
Graduate Medical Education (ACGME)

Graduate Medical Education: Resident Supervision

I. Purpose:

This policy establishes supervision guidance for Accreditation Council for Graduate Medical Education (ACGME) -accredited training programs at Ochsner Clinic Foundation (OCF).

II. Scope:

Policy applies to all Residents actively enrolled in an OCF ACGME-accredited Graduate Medical Education (GME) program.

III. Definitions:

- **Resident:** Any trainee in an OCF sponsored residency or fellowship program
- **Accreditation Council for Graduate Medical Education (ACGME)**
- **Ochsner Clinic Foundation (OCF):** Sponsoring Institution for approved ACGME-accredited training programs
- **Department of Graduate Medical Education (GME):** Responsible for the administration of all OCF sponsored residency and fellowship training programs
- **Designated Institutional Official (DIO):** Individual responsible for oversight of Graduate Medical Education programs
- **Faculty Member:** Attending physician identified to participate in the teaching and supervising of trainees enrolled in OCF ACGME-accredited training programs
- **Milestones:** Competency-based developmental outcomes (e.g., knowledge, skills, attitudes, and performance) that can be demonstrated progressively by trainees from beginning of training through graduation to unsupervised practice

IV. Policy Statements:

Supervisory guidance provides Residents with an educational program that is clinically and academically progressive and that complies with the requirements of the ACGME Common, Institutional, Specialty-/subspecialty Program Requirements and the individual specialty boards.

- A. Program-Specific Supervision Policy:** Each OCF ACGME-accredited training program must establish a written program-specific supervision policy consistent with the Institutional Supervision policy and the respective ACGME Common and specialty-/subspecialty-specific Program Requirements.

The program must demonstrate that the appropriate level of supervision in place for all Residents is based on each resident's level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation.



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B. Levels of Supervision: To promote appropriate Resident supervision while providing for graded authority and responsibility, the program must use the following classification of supervision:

I. Direct Supervision:

The supervising physician is physically present with the Resident during the key portions of the patient interaction; or

- a) PGY-1 residents must initially be supervised directly, only as described above. (Programs may further define, based on the appropriate ACGME-Review Committees competencies PGY-1 residents must achieve in order to progress to be supervised indirectly with direct supervision available).
- b) The supervising physician and/or patient is not physically present with the resident and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology. (The specific ACGME Residency Review Committee must further specify if this is permitted).

II. Indirect Supervision:

The supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the Resident for guidance and is available to provide appropriate direct supervision.

III. Oversight:

The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

- C.** Each program must define and identify when physical presence of a supervising physician is required.
- D.** The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each Resident must be assigned by the program director and faculty members.
- E.** The program director must evaluate each resident's abilities based on specific criteria, guided by the ACGME Milestones.



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- F. Faculty members functioning as supervising physicians must delegate portions of care to Residents based on the needs of the patient and the skills of each Resident.
- G. Senior Residents or Fellows should serve in a supervisory role to junior residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow.
- H. Programs must set guidelines for circumstances and events in which Residents must communicate with the supervising faculty members.
- I. Each Resident must know the limits of their scope of authority, and the circumstances under which the Resident is permitted to act with conditional independence.
- J. Faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each Resident and to delegate to the resident the appropriate level of patient care authority and responsibility.
- K. **Resident Responsibilities:**
 - o Each Resident is responsible for knowing the limits of the scope of authority, and the circumstances under which the Resident is permitted to act with conditional independence.
 - o In recognition of the responsibility to the institution and commitment to adhere to the highest standards of patient care, Residents must routinely notify the responsible faculty members based on the above, as well as any additional circumstances identified in program-specific supervision policy.
- L. **Faculty Responsibilities:**
 - o Residents are supervised by the faculty member(s) as assigned. During evaluation of patient care, supervision can be delivered via direct supervision, indirect supervision with direct supervision immediately available, or oversight. Faculty members oversee all clinical decisions, is available for the performance of the procedure to ensure patient safety and an optimal educational experience.
 - o Provides Residents with constructive feedback as appropriate.
 - o Serves as a role model to Resident in the provision of patient care that demonstrates professionalism and exemplary communication skills.



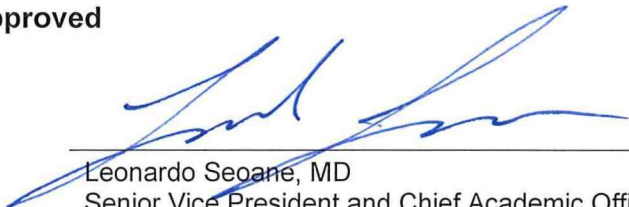
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Policy History

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